

Request for Change/Removal

OWNER:	
· -	am requesting the following:
Change Property Location	1 (Proofs Required*)
From:	To:
Change Mailing Address	(Proofs Required*)
From:	To:
Change Name (Proofs Required*	*)
From:	To:
Remove Deduction (Proofs Re	equired*)
☐ Veteran	☐ Surviving Spouse/Veteran
Senior Citizen	☐ Surviving Spouse/Senior Citizen
☐ Disabled Person	☐ Surviving Spouse/Disabled Person
Death (Proofs Required*)	
hereby certify that I am the: (Pr	
	☐ Surviving Spouse
Owner	
☐ Owner☐ Remainderman	☐ Executor/Executrix

* All requestors must supply required proofs. (See Reverse)

DATE RECEIVED

Proofs Required for Request for Change/Removal To The Tax Records

Change Property Location:

Property owner must supply a letter stating the reason(s) for this change. Copy of ID of the requesting person.

Change Mailing Address:

Copy of ID of the requesting person.

Change Name:

Copy of ID of the requesting person.

Remove Deduction:

Veteran Deduction – Move from New Jersey or Remarriage of surviving spouse. <u>Copy of ID of the requesting person</u>.

Senior/Disability Deduction – Earn more than \$10,000 or No longer resides as primary residence or Remarriage of surviving spouse.

Copy of ID of the requesting person.

Remove Name:

A copy of death certificate is required.

This will only change the Municipal billing - not your deed.

Copy of ID of the requesting person.

I hereby certify that I am the:

Owner: We have copy of deed.

Remainder man: Should be noted on deed as grantee. Power of Attorney: We require a copy for our records.

Surviving spouse: Spouse will be noted on deed as grantee.

Executor/Executrix: We require a copy of the Short Certificate or Will stating

executor/executrix power.

Business: We require a copy of the Company Letterhead, Articles of Organization

Showing Officers or Equivalent.

Other: Legal proof of relationship to person or property.